2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000046225

1. Entity Name
A COUPLE OF BLIND GUYS, INC.

Principal Place of Business	Mailing Address
10931 K NINE DR 3 BONITA SPRINGS, FL 34135 US	10931 K NINE DR 3 BONITA SPRINGS, FL 34135 US

DO NOT WRITE IN THIS SPACE

01082004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0684049
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HUMPHREVILLE, JOHN D
4501 TAMIAMI TRAIL NORTH
SUITE 300
NAPLE, FL 33940

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000122107
04/21/04-80015-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	ANDREWS, FERRELL B
STREET ADDRESS	4996 ROYAL PALM DR
CITY-ST-ZIP	ESTERO, FL 33928
TITLE	VPT
NAME	TRAPANI, JOHN M
STREET ADDRESS	831 1ST ST SW
CITY-ST-ZIP	NAPLES, FL 34117
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. *I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.*

SIGNATURE: Ferrell B Andrews FERRELL B ANDREWS 4/13/04 (239) 498-6477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT/SEC. Date Daytime Phone #